APR 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Barry
Township Sugar Creek
City ~~Seligman~~ (No. ..... St. ..... Ward)

Registration District No. 36
Primary Registration District No. 5052

File No. 11042
Registered No. .....

2. FULL NAME Elbert Jackson Tate

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 27 1858

7. AGE: YEARS 78 | MONTHS 11 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 5 years
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cant Say Missouri

FATHER
13. NAME: Edward Tate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cant Say

MOTHER
15. MAIDEN NAME: Rilda Shipley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cant Say

17. INFORMANT (ADDRESS): Julia Tate Seligman Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton Co Ark DATE Mch 9 1937

19. UNDERTAKER (ADDRESS): Seligman Hardware Co

20. FILED Mar 8 1937 Pollie S. Frost Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1937 to Mar 8, 1937
I last saw him alive on Mar. 8, 1937 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Bronchs Pneumonia

Date of onset

Other contributory causes of importance:

Influenza.

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptomatic Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dr Chas. R. Brown 3, M. D.
(Address) Seligman Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINE WITH UNFADING INK—THIS IS A PERMANENT RECORD

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